

COPY OF PAPERS
ORIGINALLY FILED

164758

MAY 06 2002
JC41

Please type a plus sign (+) inside this box →

PTO/SB/21 (6-98)
Approved for use through 09/30/2000, OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

09/461,646

Filing Date

14 December 1999

First Named Inventor

Gary R. Grotendieck

Group Art Unit

1647

Examiner Name

L. Spector

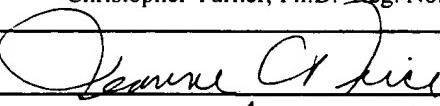
MAY 09 2002

RECEIVED
TECH CENTER 1600/290

ENCLOSURES (check all that apply)

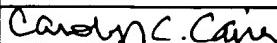
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<div style="border: 1px solid black; padding: 5px; height: 90px; width: 90%; margin: auto;"> </div>	<input type="checkbox"/> Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	<i>LEANN C. CAIRES Reg. No. 42,090</i> Christopher Turner, Ph.D. Reg. No. 45,167
Signature	
Date	<i>23 April 02</i>

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 23 April 2002

Typed or printed name	Carolyn C. Caires
Signature	
	<input type="text"/> Date <input type="text"/> Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be send to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**COPY OF PAPERS
ORIGINALLY FILED**

PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 460

Complete if Known

Application Number	09/461,646
Filing Date	14 December 1999
First Named Inventor	Gary R. Grotendorst
Examiner Name	L. Spector
Group Art Unit	1647
Attorney Docket No.	FP0809 US

RECEIVEI

MAY 09 2002

TECH CENTER 1600/29

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
 Deposit Account Number 50-0811
 Deposit Account Name FibroGen, Inc.
 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:
 Check Credit card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	
127	50	Surcharge - late provisional filing fee or cover sheet	
139	130	Non-English specification	
147	2,520	For filing a request for ex parte reexamination	
112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	Requesting publication of SIR after Examiner action	
115	110	Extension for reply within first month	
116	400	Extension for reply within second month	
117	920	Extension for reply within third month	460
118	1,440	Extension for reply within fourth month	
128	1,960	Extension for reply within fifth month	
119	320	Notice of Appeal	
120	320	Filing a brief in support of an appeal	
121	280	Request for oral hearing	
138	1,510	Petition to institute a public use proceeding	
140	110	Petition to revive - unavoidable	
141	1,280	Petition to revive - unintentional	
142	1,280	Utility issue fee (or reissue)	
143	460	Design issue fee	
144	620	Plant issue fee	
122	130	Petitions to the Commissioner	
123	50	Processing fee under 37 CFR 1.17(q)	
126	180	Submission of Information Disclosure Stmt	
581	40	Recording each patent assignment per property (times number of properties)	
146	740	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	Request for Continued Examination (RCE)	
169	900	Request for expedited examination of a design application	
Other fee (specify) _____			

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	740	Utility filing fee	
106	330	Design filing fee	
107	510	Plant filing fee	
108	740	Reissue filing fee	
114	160	Provisional filing fee	
SUBTOTAL (1) (\$ 0			

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
18	-20** = 0	x 0	= 0
Independent Claims	3	- 3** = 0	x 0 = 0
Multiple Dependent			= 0

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	Claims in excess of 20
102	84	Independent claims in excess of 3
104	280	Multiple dependent claim, if not paid
109	84	** Reissue independent claims over original patent
110	18	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$ 0		

**or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$ 460**

SUBMITTED BY

LEANN L. PRICE REG. NO. 42090 for

Complete (if applicable)

Name (Print/Type)	Christopher Turner, Ph.D.	Registration No. (Attorney/Agent)	45,167	Telephone	650-866-7200
Signature	<i>Leanne L. Price</i>			Date	23 April 02

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.